NF | 16 0V Docket No.: PF-0459 US

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Box AF, Washington, D.C. 20231 on Printed: Rick Eakstrom IN THE UNITED STATES PATENT AND TRADEMARK OFFICE e Application of: Lal et al. Title: **HUMAN SIGNAL PEPTIDE-CONTAINING PROTEINS** Serial No.: 09/002,485 Filing Date: December 31, 1997 Examiner: Saoud, C. Group Art Unit: 1647 FEB 2 6 2002 TECH CENTER 1600/2900 Commissioner for Patents Box AF Washington, D.C. 20231

AMENDMENT TRANSMITTAL FEE SHEET

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard;

2. Reply Brief (5 pp., in triplicate); and

3. Request for Oral Hearing (1 pg., in triplicate).

The fee has been calculated as shown below.

Request for Oral Hearing Fee

\$ 280.00

Please charge Deposit Account No. 09-0108 the amount of \$ 280.00

The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: 28 January 2002

Richard C. Ekstrom Reg. No. 37,027

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Docket No.: PF-0459 US

Printed:

Rick Eskstrom

EB / 9 MM DE B

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE BEFORE THE BOARD OF PATENT APPEALS AND INTERFERENCES

TRACE re Application of:

Lal et al.

Title:

HUMAN SIGNAL PEPTIDE-CONTAINING PROTEINS

Serial No.:

09/002,485

Filing Date:

December 31, 1997

Examiner:

Saoud, C.

Group Art Unit:

RECEIVED

Commissioner for Patents

Box AF

Washington, D.C. 20231

FEB 2 6 2002

TECH CENTER 1600/2900

REQUEST FOR ORAL HEARING

Sir:

Further to the Examiner's Answer dated November 26, 2001, in the above-identified application on appeal, Applicants respectfully request an Oral Hearing on Appeal before the Board of Patent Appeals and Interferences.

Please charge Deposit Account No. **09-0108** the statutory fee under 37 C.F.R. § 1.17(d) in the amount of <u>\$280.00</u>. If the USPTO determines that an additional fee is necessary, please charge any required fee to Deposit Account No. **09-0108**.

This form is enclosed in duplicate.

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280.00 CH

Respectfully submitted,

INCYTE GENOMICS, INC.

Date: 28 January 2002

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